

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002105

58

STATE FILE NUMBER

149

1002

Registration District No.

Primary Registration District No.

Registrar's No.

AMENDED

FILED JAN 18 1962

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>75 Yrs</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Court Room B. Police Bldg.</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d. STREET ADDRESS (If outside, give location) <b>37 East 32nd Street</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Peter</b> Last <b>Ward</b>			4. DATE OF DEATH Month <b>January</b> Day <b>4</b> Year <b>1962</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-26-1883</b>	9. AGE (last birthday) <b>78 Yrs</b>	IF UNDER 1 YEAR Months <b>78</b> Days <b>Yrs</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tool &amp; Dye Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bendix</b>		11. BIRTHPLACE (City and state or country) <b>Galveston, Texas</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Mathew P. Ward</b>		13b. MOTHER'S MAIDEN NAME <b>Anna M. Hammand</b>	
14. NAME OF HUSBAND OR WIFE <b>Nelle J. Ward</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Nelle J. Ward</b>		Address <b>37 E. 32nd. St.</b>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary occlusion</b> DUE TO (b) <b>Coronary arteriosclerosis</b> DUE TO (c) <b>[REDACTED]</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Metastatic carcinoma of the prostate</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>10 months</b> <b>7 years</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY <b>[REDACTED]</b> STATE <b>[REDACTED]</b>	
21. I attended the deceased from <b>1954</b> to <b>1/4/62</b> and last saw <sup>her</sup> him alive on <b>12/5/61</b> Death occurred at <b>[REDACTED]</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Edward H. Klein</b>		(Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Playa Mar Bldg. KC-12-MO</b>	
22c. DATE SIGNED <b>1/6/62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-6-62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hill</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		24. FUNERAL DIRECTOR <b>Stine &amp; McClure Kansas City, Missouri</b>	
25. DATE RECD. BY LOCAL REG. <b>1-6-62</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Edward H. Klein

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Behan Wmcker

Licensed Embalmer No. 5078

P. O. Address KC, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.